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VOTE NO ON NUMBER 5
THE CHIROPRACTIC INITIATIVE

Certain groups of Chiropractors apparently believe that California can only be won by violence and that the violent will bear away the palm. The campaign for this purpose was outlined in "Fountain News," page 4, Number 34-35, published by the Palmer School of Chiropractic, Davenport, Iowa. We can understand this brazen defiance of law when we read in "Fountain News" that these law-defying chiropractors are "working under instructions from a past master at fighting. Let the legislature make its laws and the Medical Board try to enforce them. *Give Me the Newspaper Space*—Give Me Publicity, and they can have all else, and we will cop the verdicts of the juries."

Does this character of campaign appeal to the people of California? Millions have been recently voted by Los Angeles County and by other counties for education. The Chiropractic Initiative, which will appear as Number Five on the November Ballot, makes a mockery of present educational standards and sets at naught all the ascertained facts concerning health promotion and disease prevention. The bold announcements of Chiropractic Colleges derive their chief persuasion from the cash register. "There's big money in it. People who have failed in other walks of life are making $5000.00 and upwards." This deplorable commercialism coupled with profound ignorance and blatant quackery present a dangerous combination. It has been demonstrated time and again that the most worthless patent medicine backed by ample advertising will win a great following. Ponzi unchecked would have attained a financial standing greater than the soundest financiers. The Ponzis in the healing art leave many wrecks behind, but as long as they can flaunt testimonials like fake patent medicines, they will thrive and their dupes will pay the price.

The proposed Chiropractic Initiative Measure which will be presented for vote of the people at the November general election, is loosely drawn and full of ambiguous provisions, which by subtle suggestion seek to lull suspicion as to the dangers that lie hidden in the verbiage.

(1) The members of the Board are not required to be citizens of the State of California. "Each member (of the proposed Board) must have pursued a resident course in a regularly chartered chiropractic school or college and must be a graduate thereof and hold a diploma therefrom." Careful scrutiny of Sec. 1 fails to disclose any requirement as to the length of the course which the prospective Board member must have pursued "in a regular chartered Chiropractic School." The records of the Board of Medical Examiners show many instances where residents of this State have possessed themselves of a diploma issued by the Palmer Chiropractic School of Ottumwa or Davenport, Iowa, the Gregory School of Chiropractic, Oklahoma City, the Carver School of Chiropractic, located in the same city, or other extra-State Chiropractic schools, without leaving the confines of the State of California.

(2) The proposed act does not permit the Board to exercise any supervision over any college or school whose graduates may come before the Board.

(3) There is no mention therein as to the number of examination questions to be propounded to the applicants in the specified subjects of examination, as listed.

(4) Sec. 6—The Secretary is not required to perpetuate a record of each examination.

(5) Sec. 6—No requirement as to the num-

ber of subjects which the examinee must pass at each examination in order to be eligible to subsequent examination. Examinees are permitted under the Chiropractic Initiative—Section 6—Subdivision C—"to receive credit for the branches passed and may without further cost take the examination at a subsequent date on the subjects in which he failed." Thereunder the applicant may take a series of examinations, passing possibly one subject at each examination and finally after nine successive trials, may succeed in passing the nine subjects required.

(6) Sec. 6—The Chiropractor applicant "who shall have pursued a resident course of at least 200 hours in obstetrics and who shall make a grade of 75% in an examination in obstetrics conducted by the Chiropractic Board, is authorized to practice obstetrics under the provisions of this Act." No mention is made where such "resident course" in obstetrics shall be pursued, thus leaving the question of the quality of instruction in obstetrics in doubt.

(7) Sec. 7—This Section permits the Board of Chiropractic Examiners to issue a certificate to practice Chiropractic in California after a practical, clinical, oral examination, following the presentation of "a diploma and proof of having pursued a resident course of at least 1,000 hours in a legally chartered chiropractic school and who shall present affidavits of good moral character," together with the sum of $25.00.

(8) Sec. 7—There is no requirement that said applicant shall have been a resident of the State of California, nor is there any provision for the determination of the status of the Chiropractic School of which he may be a graduate.

(9) Sec. 8—Subdivision C, provides for the issuance of a license to practice Chiropractic "to any person who shall have practiced Chiropractic for six years, two of which shall have been in this State immediately preceding the date upon which this Act takes effect and who PRESENTS HIS DIPLOMA AS PROOF of having pursued a resident course in a legally chartered Chiropractic School or college and proof of good moral character. . . ." No mention is made that the applicant will be required to show a specific course of instruction completed prior to the issuance of his diploma. Instances are of record with the Board of Medical Examiners where diplomas of chiropractic schools located in middle western states have been issued to residents of the State of California by representatives of such chiropractic schools, who, during a brief visit to California, have alleged to conduct a lecture course of not more than two weeks' duration.

(10) Sec. 9—Subdivision B, does not require that notification of revocation of a specific license be filed with the County Clerk; hence arises the difficulty in preventing practice on the part of one whose certificate has been revoked.

(11) Sec. 11 provides that the Chiropractic Licensee, among other things, "may diagnose and use such natural agencies as water, food, heat, electricity, manual and mechanical means and manipulations, as auxiliaries to their practice under the provisions of this Act." This clause disclosed the insincerity of those interested in the Chiropractic Initiative, who publicly proclaim their desire to obtain the right to practice Chiropractic, *per se,* but herein are disclosed as intent on securing the privilege of embracing the entire range of drugless therapy.

The present Medical Practice Act provides the conditions under which a "Drugless Practitioner" Certificate may be issued and further defines that such certificate permits the practice of Chiropractic, which is but one of the 27 systems of Drugless Healing. Chiropractic is based upon the theory that all ailments to which flesh may be heir are due to pressure on spinal nerves, as they emerge from the openings in the spinal column of the human being. The Chiropractor claims to have devised a system of manipulating or adjusting the bones of the spinal column which may be diagnosed as the cause of the pressure, which gives rise to a specific complaint. The true Chiropractor makes his adjustments with his hand and gives his treatments by use of his hands only, protesting vehemently against "mixing" the treatment (see Palmer Chiropractic School and Ratledge Chiropractic School), by use of such unessential and unnecessary adjuncts as water, electricity, etc., mentioned in the Chiropractic Initiative.

(12) Sec. 13—Provides a penalty for practicing Chiropractic "without first complying with the provisions of this Act." Confusion unbounded will arise in the attempt to determine whether a specific individual should be charged with violating the provisions of the present Medical Practice Act or whether he properly should be charged with violation of the Chiropractic Act, owing to the fact that the Chiropractic Initiative permits one licensed thereunder to practice not alone Chiropractic, but in addition thereto, to practice hydro-therapy, helio-therapy, electro-therapy, mechano-therapy, manual-therapy and many others of the twenty-seven varieties of drugless healing.

Evidence indicates that the Chinese Herb Doctors expect to be licensed under the provisions of the Chiropractic Initiative. In a recent published and distributed list of names, headed "Members of the State Chiropractic Society of California," in the first column appears the name "G. S. Chan," which name appears on prior lists sent out by the California State Chiropractic Society, in one instance noting: "Dr. G. S. Chan brought in his check for $25.00 in response to the S. O. S. Call."

G. S. Chan, a Chinese Herbalist of Los Angeles, has frequently been prosecuted for violation of the Medical Practice Act. Page 16 of the 1918 Annual Report of the Board of Medical Examiners shows in the Report of the Legal Department: "G. S. Chan, guilty, $25.00 or 100 days—Fine paid." Dr. G. S. Chan no doubt expects to obtain a certificate under the Chiropractic Initiative.

Apparently preparing for the Chiropractic millennium, which will follow the adoption of the Chiropractic Initiative, the Pacific Chiropractic College has just been incorporated in the city of Los Angeles with a capital stock of Five Hundred Thousand Dollars ($500,000.00). According to

its articles of incorporation, it proposes to teach practically all known and unknown sciences. Among the hundred or more subjects noted are materia medica, gynecology, otology, urology, pathology and syphilis. How they will teach some of these chiropractically is not stated. The "Fountain News" says, "California is now busted wide-open." Ponzi made a mistake in starting in Massachusetts. He should have come to California.

Vote No on Number 5 and inform all your friends to do likewise. Educational standards in California must be maintained for the protection of the public health.

RUNNERS! HAVE YOU MET THEM?

"'Runners" is a name sometimes applied to certain types of individuals who are out to make money, and who are not particularly concerned with the honesty of their methods.

One type of runner is the person who accompanies the workman injured in the industries, and poses as his friend, countryman, representative, interpreter, or the like. The runner pretends to be interested only in the return of the injured man to health. As a matter of fact these persons are often most concerned with the compensation end of the case and it is hardly possible to learn just how much of a given settlement goes to the injured man and how much to "his friend," the runner.

Every means may be used to exaggerate, to prolong, or to falsely impute the origin of, the disease or disability. They work for lump-sum settlements, the return of the patient to his native land, and the like. One runner recently made a proposition to a member of the State Society, to the effect, that should the physician change the report of his findings in a suitable manner, instead of the patient's being returned to work with dispatch, a cash settlement of some $3200 might be obtained! This runner has been suspected of fraudulent practices by many doctors and insurance carriers for some time; he is at present under investigation by the Industrial Accident Commissions of two states.

It is but seldom that the fraud is gross or clumsy. It is with some frequency, however, that a runner takes an injured man in tow from the time of accident until final settlement of the case; and, during the period of medical observation and treatment, he may seriously handicap the obtaining of accurate and true histories, and the institution of proper treatment. If a given examiner's report does not favor the scheme of these men, they approach numerous others for newer examinations, until they may be possessed of the desired data.

The injured man has full right to the aid of any person he may see fit to choose, to look after his interests; with the proviso, that the representative be honest in his dealings. Accident Commissions and Insurance Carriers are making their own special studies of the fraudulent runner. What should be the attitude of the physician? The doctor should avoid undue familiarity with runners. He should tell them very little concerning the status of the injured man. He should not allow them to be present during his examinations, excepting when they are absolutely necessary as interpreters (if there be suspicion, an uninterested interpreter may be secured from proper sources). A physician should extend the ethics of his more private practice to the insurance type of case; he should consult his professional brothers who have already examined the case, before making his observations and reports. Surely, all should search for the facts and nothing but the facts.

Force the runner's issue. If he is not pleased with your findings express your willingness to consult with a physician of his choosing. If such consultation results in disagreement, let a third physician agreeable to both examiners make observations and join in a final consultation.

These remarks are a message to be on guard. The warning may suggest many methods of dealing with the problem. What has been your experience with these men?

THE THERAPEUTIC USE OF OXYGEN

Oxygen has been used in the treatment of disease for many years, both for empyrical as well as for theoretical reasons. Its use has been decried by some on the ground that the partial pressure of oxygen in the alveolar air could not be increased, that the saturation of the hemoglobin was accomplished as fully at a lower pressure as at a higher, and that the presence of stronger oxygen concentrations in the alveolar air, if such were possible, would result in acute local irritation and inflammation. It has been said further, that even if there were some transitory benefit from oxygen administration, its effects were not lasting and the outcome was in no degree changed.

It is a matter of clinical experience that in pneumonias associated with cyanosis, oxygen administered even by the ordinary cone method, is attended and followed by relief of dyspnea, improved color, and mental relief in many cases. A recent paper by Rudolf [1] refers to the important work of Meltzer and others on the therapeutic use of oxygen, and shows conclusively that oxygen is of value "whenever a state of anoxemia exists." Such a state, for instance is found in mountain sickness, sickness due to altitude in flying machines, in poisoning by CO, nitrites and war gases. It is similarly of value in cyanosis from any cause as in certain pneumonias.

Rudolf properly condemns the ordinary cone method of administering oxygen as being waseful and ineffective. He recommends the use of a small soft nasal tube through one nostril, the other nostril being rythmically compressed during inspiration, and the mouth remaining closed. The use of an oxygen chamber is only possible on a large scale and at considerable expense. Rudolf quotes Meakins [2] who shows that the normal arterial blood is nearly 5 per cen. undersaturated with oxygen, while in pneumonia the "undersaturation" may amount to nearly 18 per cent. By giving oxygen with the Haldane apparatus he was able to increase the oxygenation in pneumonia to a point even above the normal.

1. Am. J. Med. Sci., July, 1920.
2. Brit. Med. Jour., Mch. 6, 1920.